

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: Adjustable Nasal Mask
Attorney Docket Number:: 1-25084
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 15
Small Entity?:: No
Petition Included?:: No

Inventor Information

Applicant Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Allan
Middle Name::	R.
Family Name::	Jones
Name Suffix::	Jr.
City Residence::	Derry
State or Province of Residence::	Pennsylvania
Country of Residence::	US
Street of Mailing Address::	R.D. #1 Box 330
City of Mailing Address::	Derry
State or Province of Mailing Address::	Pennsylvania
Country of Mailing Address::	US
Postal or Zip Code::	15627
Applicant Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Nicholas
Middle Name::	J.
Family Name::	Macmillan
City Residence::	Greensburg
State or Province of Residence::	Pennsylvania
Country of Residence::	US
Street of Mailing Address::	106 Pinehurst Lane
City of Mailing Address::	Greensburg
State or Province of Mailing Address::	Pennsylvania

Country of Mailing Address:: US
Postal or Zip Code:: 15601
Applicant Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Terry
Middle Name:: M.
Family Name:: Birchler
City Residence:: New Albany
State or Province of Residence:: Ohio
Country of Residence:: US
Street of Mailing Address:: 1688 Harrison Pond Drive
City of Mailing Address:: New Albany
State or Province of Mailing Address:: Ohio
Country of Mailing Address:: US
Postal or Zip Code:: 43504

Correspondence Information

Correspondence Customer Number:: 4859

Representative Information

Representative Customer Number:: 4859

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35USC 119 (e)	60/451,113	02/28/03

Assignee Information

Assignee name:: Sunrise Medical HHG Inc.
Street of Mailing address:: 7477 East Dry Creek Parkway
City of mailing address:: Longmont
State or Province of mailing address:: Colorado
Country of mailing address:: US
Postal or Zip Code of mailing address:: 80502